2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000086452 **DOCUMENT #**

1. Entity Name

RTA MEDICAL EQUIPMENT, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90240 049 ***150.00

 			WE WE THE		
Principal Place 15291 NW 60 A' MIAMI LAKES FI	VE #109 ,	Mailing Address 15291 NW 60 AVE #10 MIAMI LAKES FL 33014		I I BRICK BALLER AND	1 18 21 8 1 288
2. Principal Pla	ce of Business	3. Mailing Address	<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-1146437 App	lied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional \$1.00 A	Applicational
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent	
			Name	1. Name and Address of New Registered Agent	
CALZADILLA					
15291 NW 6	0 AVE #109		Street Addres	ss (P.O. Box Number is Not Acceptable)	-
MIAMI LAKES	S FL 33014				 _
			City	Zip Code	
8. The above na	med entity submits this statemen	t for the purpose of changing it	Is registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, an	
the obligation	s of registered agent.	33	to regional among or region	stered agent, or bottl, in the State of Florida. I am familiar with, an	id accep
SIGNATÜRE					
· Sig	nature, typed or printed name of registered ag	ent and title if applicable. (NC	OTE: Registered Agent signature requ	rired when reinstating) DATE	
Make Check Pa	NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550.0 ayable to Florida Department	of State	y na magazina a na angazina a na angazin	9-Election Campaign Financing \$5.00 Trust Fund Contribution. Added to	May Be Fees
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	114
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I nereby certify that the information sulplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplied all report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver true goe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach from with the property of the propert

SIGNATURE: 太